

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.

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IND.	DEP.	IND.	DEP.	IND.	DEP.

1	1		1		
2		1			
3		1		1	
4	1		1		
5		1		1	
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TOTAL IND.		2			
TOTAL DEP.		9			
TOTAL CLAIMS		11			

TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					